

**FEDERAL PERMIT APPLICATION  
FOR SOUTHEAST REGION ISSUED  
OPERATOR CARD**

OMB No. 0648-0205 Form Approval Expires: 10/31/2006

PAPERCLIP  
PASSPORT STYLE  
PHOTOS HERE. NO  
STAPLES, GLUE OR  
TAPE.

**REQUIRED FOR SOUTH ATLANTIC ROCK SHRIMP  
AND/OR ATLANTIC DOLPHIN WAHOO**

**U.S. DEPT OF COMMERCE, NOAA**  
NMFS PERMITS BRANCH, F/SER1  
263 13th Avenue South  
St. Petersburg, FL 33701  
727/824-5326 (8 am - 4:30 pm ET)  
<http://sero.nmfs.noaa.gov>



Check or Money  
Order Number:  
Reviewer Initials and  
Date  
Expiration Date:

**FOR OFFICE USE ONLY**

FEE: \$50.00  
REPLACEMENT CARD \$18.00

**GENERAL INSTRUCTIONS:** Operator cards are required by the operator of a commercial vessel or charter/headboat fishing for Atlantic Dolphin and/or Wahoo, or by the operator of a commercial vessel fishing for South Atlantic Rock Shrimp. Applications must be legible, illegible applications will be returned. Fees are payable by check or money order to the U.S. Treasury. FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY RESULT IN DELAYS OR DENIAL OF AN OPERATOR CARD.

**APPLICATION INSTRUCTIONS:** All blanks in section 1 must be filled in. Use section 2 only if you have a mailing address that is different from the street address required in section 1. Information is required for all categories in section 3 including your telephone number. Please list a number where you can be reached or a message left for you if we have any questions. You must provide two (2) recent (less than 1 year old) passport style photos in 2 inch X 2 inch size. The photos must have a plain white background and your face must be unobstructed by sunglasses, hats, scarves, etc. Vision correcting glasses are permitted. Do not staple, glue or tape the photos to the application. You must provide your social security number.

**1. VESSEL OPERATOR (CARD OWNER) INFORMATION**

LAST NAME FIRST NAME MIDDLE NAME Suffix (Sr., Jr. II, etc)  
STREET ADDRESS (NO POST OFFICE BOX ADDRESSES WILL BE ACCEPTED)  
CITY STATE COUNTY ZIP CODE COUNTRY

**2. MAILING ADDRESS - ONLY IF DIFFERENT FROM STREET ADDRESS GIVEN IN SECTION 1**

MAILING ADDRESS CITY STATE COUNTY ZIP CODE COUNTRY

**3. IDENTIFYING INFORMATION**

DATE OF BIRTH (DD/MM/YYYY) SOCIAL SECURITY NUMBER BIRTH PLACE (CITY, STATE, COUNTRY)  
SEX EYE COLOR HAIR COLOR WEIGHT (LBS) HEIGHT (FEET - INCHES)  
MALE BROWN BROWN If you are clean shaven or balding, indicate your actual hair color  
FEMALE BLUE BLACK  
GREY BLONDE  
GREEN RED  
HAZEL GREY  
Other WHITE  
Other

**SIGNATURE**

Applicant Signature

Print Name

Date